

Frequently Asked Questions

State Retiree Health Benefits Program—January 1, 2006, Prescription Drug Coverage for Medicare-Eligible Participants

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| Q. | If I sign up for the Enhanced Part D Plan in the state program as a part of my Advantage 65 coverage, will the premium be deducted from my Social Security Check? |
| A. | No, if you get your Part D coverage through the state program, your premium will be deducted or billed in the usual manner—either through annuity deduction, direct billing or automatic bank draft. |
| Q. | My state plan premium for Advantage 65 coverage decreased by \$73 per month for 2006. What am I losing? |
| A. | <p>The reduction in the Advantage 65 premium is the result of applying the value of Medicare Part D, the new Medicare prescription drug program, to your state prescription drug benefit. Since the federal government is now assuming part of the cost of prescription drugs for Medicare beneficiaries who enroll for this benefit, the state is able to reduce the cost of the coverage. The plan that is being offered by the state is actually a Medicare Part D Plan that is administered by Medco.</p> <p>State plan participants may also choose to seek their Part D coverage through a separate (not associated with the state) plan by enrolling directly with one of the available plans. If they do so, they may enroll in the Advantage 65—Medical Only Plan and maintain their medical supplement through the state while getting their prescription drug coverage separately.</p> |
| Q. | If I discontinue prescription drug coverage under the state program, can I re-enroll later? |
| A. | <p>No, if you enroll in the Advantage 65—Medical Only Plan, you will not be allowed to enroll in a state plan that includes prescription drug coverage at a later time.</p> <p>Dropping your state plan prescription drug coverage would not preclude enrollment in another Medicare Part D plan that is not associated with the state program. Keep in mind, however, that there are also enrollment restrictions under the separate (non-state) Medicare Part D plans, and if you are without creditable coverage for 63 or more days, you will have to pay more for your non-state Part D coverage when you do enroll. Contact 1-800-MEDICARE for more information about Medicare Part D plans outside of the state program and the enrollment restrictions associated with those plans.</p> |
| Q. | What is a formulary? |
| A. | It is a list of drugs that are covered under the plan. |
| Q. | Do I need to submit an enrollment form by November 30? |
| A. | <p>There are two things that you need to consider:</p> <p>First, take a look at your red, white and blue Medicare Health Insurance card. If your Medicare Claim Number is your Social Security Number with an “A” at the end, you do not need to report it. However, if your Medicare Claim Number is anything other than your Social Security Number plus an “A”, you must report that on the enrollment form that is included with your notification package.</p> |

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| | <p>There is a section of the form that is designated for this purpose. Just fill in your name, your current ID number (from your current Anthem or Medco card), and the Medicare Claim Number that is on your Medicare card, and send it to your Benefits Administrator.</p> <p>Second, if you wish to keep your current plan (Advantage 65, Advantage 65 with Dental/Vision, Option I, Option II or Option II with Dental/Vision), including the new enhanced Medicare Part D plan offered through the state program, no enrollment form is necessary. You will automatically remain in the same plan in which you are currently enrolled. Your medical (and dental/vision, if appropriate) benefits will remain the same, but your drug coverage will change to the enhanced Medicare Part D plan that is described in your notification package.</p> <p>So, in summary, if you do not need to report your Medicare Claim Number and you wish to keep your current plan and get the new prescription drug coverage, no enrollment form is required.</p> <p>If you wish to make a plan change for January 1, please submit an enrollment form to your Benefits Administrator by November 30.</p> |
| Q. | Can I keep my current prescription drug benefit under Advantage 65, Option I or Option II? |
| A. | No, the only prescription drug coverage that will be available under the State Retiree Health Benefits Program for Medicare-eligible participants will be the enhanced Medicare Part D plan that is described in your notification package. You may also elect a medical-only plan (Advantage 65-Medical Only or Advantage 65-Medical Only + Dental/Vision) and obtain your prescription drug coverage outside of the state program. |
| Q. | I currently receive a Health Insurance Credit. Will that change on January 1? |
| A. | There will be no change to the Health Insurance Credit Program that is administered by the Virginia Retirement System. |
| Q. | I currently get my diabetic supplies directly from a vendor, and they are covered by Medicare. Will that change? |
| A. | Diabetic supplies (test strips, lancets, blood glucose monitor) are covered by Medicare Part B, and you can continue to get those supplies from a Medicare-participating provider of durable medical equipment. Unless you cancel your prescription drug coverage, you may obtain syringes through the state program. They fall under Tier 2, so you would not have to pay more than your \$17 co-payment for a 30-day supply or \$34 for a 90-day supply through Medco by Mail. |
| Q. | How do I get prescription refills if I will be away from home for an extended period of time? |
| A. | You may request one travel/vacation early refill directly from your participating retail pharmacy or Medco by Mail. If you need more than one refill, you must send your request in writing to the Department of Human Resource Management (hbp@dhrm.virginia.gov) and include the reason for your request and how many refills you will need. Please allow at least two weeks to process your request, and keep in mind that you may never obtain more medication than you have been prescribed (e.g., if your one-year prescription runs out in two months, you cannot get more than two months of refills). |
| Q. | Can I get a 90-day prescription filled at a retail pharmacy? |

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| A. | Yes, but you will be required to pay three times the 30-day <u>retail</u> co-payment (e.g., 90-day supply of a covered generic = \$12; 90-day supply of a covered non-preferred brand = \$51) or the appropriate coinsurance based on the tier of the drug. |
| Q. A. | Do I have to pay a deductible on every brand drug that I use? No, you only have to pay a total of \$250 in deductible for covered brand drugs, not \$250 for each drug. |
| Q. A. | Does the enhanced Medicare Part D plan offered through the state program have a “donut hole?” No, there is no “donut hole” or coverage gap under the state program. You continue to pay the appropriate co-payment/coinsurance based on the tiers of your covered drugs until you reach the catastrophic coverage level. |
| Q. A. | I have seen a Medco Medicare Part D Plan listed at the Medicare Web site and in my <i>Medicare & You 2006</i> publication called YOURx PLAN. Is this the same plan that is being offered through the state program? No, the enhanced Medicare Part D plan that is being offered through the state program is not the same as that being offered directly through Medicare. Both plans have the same name (YOURx PLAN), but the benefits are not the same. YOURx PLAN that is being offered through the state program will always indicate its relationship to the Commonwealth of Virginia Retiree Health Benefits Program. |
| Q. A. | Will I receive a copy of the formulary for the state’s enhanced Medicare Part D Plan? All Medicare-eligible participants who maintain drug coverage through the State Retiree Health Benefits Program will receive an abridged formulary in mid-December along with their new Medco ID card for use starting January 1. If you need a complete formulary, you may request one from Medco in mid-December. |